Summary of GAO Findings

Federal HIV/AIDS are not being distributed equitably

"Multiple provisions in the CARE Act and HOPWA grant funding formulas result in funding not being distributed according to the current distribution of the disease" (page 14).

Federal funds would be better targeted if HIV data was included in addition to AIDS

"Incorporating HIV data along with AIDS data would result in targeting funds more accurately according to need" for both CARE Act and HOPWA programs (page 3).

"The inclusion of HIV cases in the CARE Act funding formulas by fiscal year 2007 could eventually improve the targeting of funding to needy individuals with HIV disease" (pages 63-64).

"If Congress wishes HOPWA funding to more closely reflect the distribution of persons living with AIDS, it should change the program so that HOPWA formula grant eligibility, including for bonus grants, and base grant funding allocations are based on a measure of living AIDS cases (page 64).

Many areas are disadvantaged under current funding formulas that exclude HIV data

"Up to 13 percent of CARE Act formula funding would have shifted among grantees if HIV cases were included in the funding formulas and the hold-harmless provisions analyzed and minimum grant provision were maintained. Larger changes for individual grantees would have occurred with some grantees more than doubling their funding. Grantees in the South and Midwest would generally have received more funding from using HIV cases in funding formulas. However, there would have been grantees that would have received increased funding and grantees that would have received decreased funding in every region of the country" (page 16).

"Thirty-one of the 52 grantees would have received additional funding in their ADAP base grants if HIV and ELCs had been used to allocate funding (page 55)."

"HOPWA funding would also have shifted if HIV and living AIDS cases were used to distribute funding. In fiscal year 2004, up to 15 percent of HOPWA base funding would have shifted among grantees" (page 16).

"Seventy of 117 grantees would have received additional funding in their HOPWA base grants if living HIV and AIDS cases had been used to allocate funding (page 60).

Dead patients are the basis for distributing some HIV/AIDS funds

"Some CARE Act grants and HOPWA base funding are based on case counts that include deceased cases" (page 15).

"Under current law, San Francisco's Title I base grant is determined in part by the number of deceased cases in the San Francisco EMA as of 1995" (page 35).

Some patients are counted more than once in funding formulas

"The counting of ELCs within EMAs once to determine the amount of the base grant under Title I and once again to determine the amount of Title II base grant results in states with EMAs and Puerto Rico receiving more total Title I and Title II funding per ELC than states without EMAs" (page 27).

"AIDS cases reported in the past 5 calendar years in emerging communities are counted more than once for determining Title II funding. For example, these cases are counted once for determining Title II base funding and again for Emerging Communities grants (page 31).

Nearly every city would benefit by the elimination of the Title I hold harmless

"Forty-eight of the 51 EMAs would have received more funding if there had been no hold harmless provision" (page 34).

"The Title I hold-harmless provision has primarily protected the funding of one EMA (pages 33-31).

Significant amounts of AIDS funds are not being spent on their primary intended purpose

Only 52 percent of Title I CARE Act funds are spent on health care services. The remainder is consumed by case management, other support services, administration, planning and program support (chart, page 18).

Only 57 percent of HOPWA funds are spent on housing assistance. The remainder is consumed by support services, information, placement and coordination, administration, and technical assistance (char, page 21).

HIV cases in states without names reporting will not be included in funding formulas

"Differences in how jurisdictions report HIV case counts to CDC preclude HRSA's use of those case counts in the distribution of CARE Act funds. While some HIV case reporting systems are code-based, CDC will only accept name-based case counts as no code-based system has met its quality criteria as of January 2006. Therefore, HIV cases reported using codes rather than names would not be counted in allocating CARE Act funds, if HIV case counts were used in funding formulas. Thirteen states have some form of code-based system rather than a name-based system" (page 46).